



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW NOBLE HOSPITAL

City of Hospital: Kendallville

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Kemuel Prince

Email Address: kemuel.prince@parkview.com

Medicare Provider Number: 150146

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$53573646
Outpatient Patient Service Revenue	\$170462884
Total Gross Patient Service Revenue	\$224036530

2. Deductions From Revenue

Contractual Allowance	\$146678126
Other Deductions	\$0
Total Deductions	\$146678126

3. Total Operating Revenue

Net Patient Service Revenue	\$77358405
Other Operating Revenue	\$1460187
Total Operating Revenue	\$78818592

4. Operating Expenses

Salaries and Wages	\$15441302	Employee Benefits	\$4629722
Depreciation and Amortization	\$1097094	Interest Expense	\$20342
Bad Debt	\$9589274	Other Expenses	\$34340352
Total Operating Expenses	\$65118086		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13700506	Total Assets	\$16086026
Net Non-operating Gains over Loss	\$2677	Total Liabilities	\$2837072

Total Net Gains	\$13703183
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$97008973	\$79097747	\$17911226
Medicaid	\$18877855	\$15830426	\$3047429
Other Government	\$0	\$0	\$0
Other State	\$20408027	\$16785818	\$3622209
Other Payers	\$87741675	\$34964135	\$52777540
Total	\$224036530	\$146678126	\$77358404

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$169279	\$-169279

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$10800	\$35670	\$-24870

Number of Medical Professionals Trained	25
Number of Hospital Patients Educated	29556
Number of Citizens Exposed to Health Education Messages	35667

Statement Six: Charity Statement

Hospital Charity Charges	\$4353606
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$875641	
HCI Payments	\$0		
Subtotal	\$0	\$875641	\$-875641
Medicaid Shortfalls	\$5401029	\$7901569	
Subtotal	\$5401029	\$8777210	\$-3376181
DSH Payments	\$0		
Subtotal	\$5401029	\$8777210	\$-3376181
Medicare Shortfalls	\$17911226	\$19511415	
Other Government Programs	\$0	\$0	
Total	\$23312255	\$28288625	\$-4976370

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$154889	\$-154889
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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